

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Granite State Solutions			FEC IDENTIFICATION NUMBER ▼ C C00580381		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee FP1 Strategies, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2016		
Mailing Address PO Box 16504			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15430.00</div>		
City Alexandria	State VA	Zip Code 22302	Transaction ID : SE.4168 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2016		
Purpose of Expenditure Radio Advertising and Production		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>			
Name of Federal Candidate MARGARET WOOD HASSAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">5118090.24</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Main Street Media Group			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2016		
Mailing Address PO Box 25093			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5102660.24</div>		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.4169 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2016		
Purpose of Expenditure Media Buy		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>			
Name of Federal Candidate MARGARET WOOD HASSAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">5102660.24</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">5118090.24</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2016	